

PATENT

Attorney Docket No. KEB-32033

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
CENTRAL FAX CENTER

Applicant : KEBERLEIN, Gerald  
 Serial No. : 10/613,184  
 Filing Date : July 3, 2003  
 For : Wedged Tissue Container  
 Group Art Unit : 3653  
 Confirmation No. : 4946  
 Examiner : Bollinger, David H.

JUN 14 2005

## CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

## Mailing

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## Transmission

transmitted by facsimile to Fax No.: 1-703-872-9306 addressed to Examiner Bollinger at the U.S. Patent and Trademark Office.

Date: June 14, 2005

  
 Rosa Strong

939,

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTALRECEIVED  
OIPE/IAP

1. Transmitted herewith is:

Amendment and Response

JUN 14 2005

STATUS

2. Applicant is a small entity.

 06/15/2005 MBINAS 00000011 232053 10613184  
 01 FC:2252 225.00 DA

MKE/1046137.1

USSN: 10/613,184

KEBERLEIN, Gerald

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.

Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)]:

Extension (months)	Fee for other than small entity	Fee for small entity
[ ] one month	\$ 120.00	\$ 60.00
[X] two months	\$ 450.00	\$ 225.00
[ ] three months	\$ 1,020.00	\$ 510.00
[ ] four months	\$ 1,590.00	\$ 795.00
		Fee: <u>\$225.00</u>

If an additional extension of time is required, please consider this a petition therefor.

Fee for Claims

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For	Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 9	Minus	21	= x 25= \$	\$ 0	x 50	\$ 0
Independent 1	Minus	4	= x 100= \$	\$ 0	x 200	\$ 0

## FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL  
ADDIT. Fee \$      or      TOTAL  
ADDIT. Fee \$

c.  No additional fee for claims is required.  
d.  Total additional fee for claims required \$

Fee Payment

5.  Charge Deposit Account 23-2053 in the amount of \$ 225.00 for any extension and/or fee required or credit for any excess fee paid.

Attached is a check in the sum of \$ \_\_\_\_\_

MKE/1046137.1

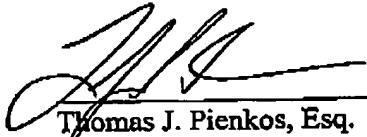
USSN: 10/613,184

KEBERLEIN, Gerald

**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Account No. 23-2053.  
 If any additional fee for claims is required, charge Account No. 23-2053.

Date: June 14, 2005

  
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MKE/1046137.1

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*Rosa Story*Date: June 14, 2005

Commissioner for Patents  
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 Alexandria, VA 22313-1450

Dear Sir:

AMENDMENTINTRODUCTORY COMMENTS

This amendment is made in response to an Office Actions mailed July 2, 2004. Please enter the amendment for the above-identified application.

Amendments to the Claims begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

MKE/1025816.1